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** CONTINUING DATA *****

This application is a CON of 09/140,988 08/27/1998 PAT 6,262,706

which is a CIP of 08/504,896 07/20/1995 PAT 6,124,851

and is a CIP of 08/983,404 03/26/1999

and is a CIP of 08/935,800 09/23/1997 PAT 6,120,588

and claims benefit of 60/057,133 08/28/1997

and claims benefit of 60/057,716 08/28/1997

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and claims benefit of 60/057,798 08/28/1997

and claims benefit of 60/057,799 08/28/1997

and claims benefit of 60/057,163 08/28/1997

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and claims benefit of 60/059,543 09/19/1997

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and claims benefit of 60/065,630 11/18/1997

and claims benefit of 60/065,605 11/18/1997

and claims benefit of 60/066,147 11/19/1997

and claims benefit of 60/066,245 11/20/1997

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and claims benefit of 60/066,115 11/21/1997

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 and claims benefit of 60/092,046 07/08/1998
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 and claims benefit of 60/093,689 07/22/1998
 and said 08/935,800 09/23/1997
 claims benefit of 60/035,622 09/24/1996
 and is a CIP of PCT/US96/13469 08/20/1996
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
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TITLE
 RETROREFLECTIVE ELECTROPHORETIC DISPLAYS AND MATERIALS FOR MAKING THE SAME

FILING FEE RECEIVED 691	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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